

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2016</b>	
Mailing Address <b>2229 North Pollard St</b>		Amount <b>4464.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>B623302</b>
Purpose of Expenditure Online Advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Kelly Ayotte</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>579142.28</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2016</b>	
Mailing Address <b>2229 North Pollard St</b>		Amount <b>66400.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>B625997</b>
Purpose of Expenditure Digital Ad Buy and Commission		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Kelly Ayotte</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>579142.28</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>70864.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling*

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 14 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SKDKnickerbocker LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2016</b>	
Mailing Address <b>1150 18th Street NW/Ste. 800</b>		Amount <b>500844.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B626000</b>
Purpose of Expenditure Television Ad Buy		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Kelly Ayotte</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>SKDKnickerbocker LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2016</b>	
Mailing Address <b>1150 18th Street NW/Ste. 800</b>		Amount <b>7434.28</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B626002</b>
Purpose of Expenditure Ad Production		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Kelly Ayotte</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>508278.28</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 14 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SKDKnickerbocker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2016</b>		
Mailing Address <b>1150 18th St., NW #800</b>			Amount <b>7434.27</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B626004</b>		
Purpose of Expenditure Ad Production		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1907864.05</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>SKDKnickerbocker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2016</b>		
Mailing Address <b>1150 18th St., NW #800</b>			Amount <b>500844.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B625999</b>		
Purpose of Expenditure Television Ad Buy		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1907864.05</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>508278.27</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling**[Electronically Filed]*

Date

MM / DD / YYYY  
**09 / 14 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 12 / 2016</b>	
Mailing Address <b>2229 North Pollard St</b>		Amount <b>66400.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>B625996</b>
Purpose of Expenditure <b>Digital Ad Buy and Commission</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1907864.05</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>66400.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>1153820.55</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling***[Electronically Filed]**

Date

MM / DD / YYYY  
**09 / 14 / 2016**

Signature